OIPE 428

HADE

REQUEST FOR COMPRISED EXAMINATION (RCE) TRANSMITTAL

To Commissioner For Patents

Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

Application Number	10/021,635
Filing Date	December 21, 2001
First Named Inventor	Manfred Atorf
Group Art Unit	2643
Examiner Name	R. Barnie
Attorney Docket Number	DE000224

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

1. Submission required under 37 C.F.R. § 1.114		
a. X Previously submitted		
i. X Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on August 17, 2005 (Any unentered amendment(s) referred to above will be entered).		
ii. Consider the arguments in the Appeal Brief or Reply Brief previously field on		
iii.	Other	
b. 📗	Enclosed	
i.	☐ Preliminary Amendment/Reply	
ii.	Affidavit(s)Declaration(s) 01 FC:1801 790.00 DA	
iii.	Information Disclosure Statement (IDS)	
iv.	Other may not be a brief)	
2. Miscel	aneous	
a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of		
	months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i)	
b. 🗌	Other	
3. Fees		
a. X	The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit	
any overpayments, to Deposit Account No. 14-1270		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQURIED		
Name (Print Ty	e) Aaron Waxler Registration No. (Attorney/Agent) 48,027	
<u> </u>	Made alzelar	
Signature	Date 9/29/08	
CERTIFICATE OF MAILING OR TRANSMISSION		
I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents,		
Box RCE, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office tel# on the date below:		
Name (Print Ty	Patti DeMichele	
Signature	Date 9:23.05	